MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33)

CERTIFICATE OF DEATH

1

06144

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent.

City or town Chestertown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent.

City or town Chestertown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William Thomas Beauchamp

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	married

6.(b) Name of husband or wife Mrs. Minnie Beauchamp

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 3rd 1879

8. AGE: Years 65 Months 11 Days If less than one day ..... hrs. ..... min.

9. Birthplace Near Denton, Maryland (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Alex. Beauchamp

FATHER 13. Birthplace Maryland.

MOTHER 14. Maiden name Lucy L. Freeding

MOTHER 15. Birthplace Maryland

16. Informant Mrs. Minnie Beauchamp

Address Denton, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof June 5th 45 (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Near Denton

18. Funeral director J. S. Virgil Emerson & Son

Address Delmar, Del.

19. June 4, 1945 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1945 at 6.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2 1945 to June 2 1945 and that I last saw him alive on June 2 1945

Immediate cause of death	DURATION
Oedema of Lungs	1 day
Due to Cerebral Hemorrhage	10 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE H. Simpers M. D. or other

Address Chestertown Date signed 6-3-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92b)

CERTIFICATE OF DEATH

06145

Reg. Dist. No. 700

1. PLACE OF DEATH:

County Kent

City or town Galt on R.F.D. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Del County Sussex

City or town Townsend Del. R.F.D. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Thomas Brown

3. (b) Social Security Number

Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/23/45 1863

8. AGE: Years 82 | Months | Days | If less than one day hrs. min.

9. Birthplace Del (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name John Thomas Brown

13. Birthplace no Record

MOTHER 14. Maiden name Rachel Jewell

15. Birthplace no Record

16. Informant Mrs. Carrol Everett

Address Galt Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/29/45 (month) (day) (year)

Cemetery or crematory Townsend M.E. Cemetery

Location Townsend Delaware

18. Funeral director G. Lester Daniels

Address Townsend Del

19. June 19 1945 (Date rec'd by registrar) M. Burris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18th 1945, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1st 1944, to June 18th 1945, and that I last saw h-- alive on June 17th 1945.

	DURATION
Immediate cause of death Mitral Stenosis	1 Yr.
Due to Hypertension	2 Yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. L. Copeland M. D. or other

Address Millsboro Del Date signed June 19th 45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

06146

Reg. Dist. No. 202

1. PLACE OF DEATH:
County Caroline Kent
City or town Kent Co. Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 years.
Hospital, institution, or street address where death occurred:
Almshouse
How long in hospital or institution? 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Kent
City or town Rock Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Drusilla C. Coleman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or wife Wm. H. Coleman
6.(c) If alive, give age 78 years
7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 76 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Chestertown. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Wm. H. Coleman
Address Rock Hall Almshouse

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6-45 (month) (day) (year)
Cemetery or crematory Co. County Home
Location (Mass.) Chestertown. Md.
18. Funeral director Supt. B.F. Sutton
Address Chestertown. Md.

19. June 6, 1945 (Date rec'd by registrar) Clara L. Barnes, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1- 1945, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1- 1945, to June 1- 1945, and that I last saw h[illegible] alive on June 4- 1945.

Immediate cause of death	DURATION
Pneumonia	3 days.
Due to Chr. Interstitial Nephritis	8 years.
Due to Chr. Myocarditis	6 years.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Merritt Bivin M. D. or other
Address Millington, Md. Date signed 6/6/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

★ 6147

Reg. Diat. No. 2 03

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Piney Neck

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME James Romain Crouch

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6.(b) Name of husband or wife: Mary Crouch

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 9 1868

8. AGE: Years	Months	Days	If less than one day
77	1	15	....hrs. ....min.

9. Birthplace: Rock Hall, Md (Town, county, and state)

10. Usual occupation: retired fisherman

11. Industry or business: fish

FATHER — 12. Name: Richard Crouch

FATHER — 13. Birthplace: Rock Hall

MOTHER — 14. Maiden name: Frances Grant

MOTHER — 15. Birthplace: Rock Hall

16. Informant: Mrs. Cooper

Address: Upperco, Md.

17. (Burial, cremation, or removal. Which?) Burial — Date thereof: June 27 1945 (month) (day) (year)

Cemetery or crematory: Wesley Chapel Cemetery

Location: Near Rock Hall Md.

18. Funeral director: J. Willis Wells

Address: Chestertown Md.

19. 6/25 1945 (Date rec'd by registrar) S. Elwood Burgess Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 24 1945, at 11:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1944 to June 24 1945 and that I last saw h— alive on June 24 1945

Immediate cause of death	DURATION
Chronic Endocarditis	
Decompensation	
Due to: Arteriosclerosis	
Due to: Hypertension	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: Albert H Burgard M. D. ~~or other~~

Address: Rock Hall, Md Date signed 6/24/45

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Correction of
Item #16. Film No. G96. 6/23/45.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

06148 Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Kent
City or town: Still Pond md (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): all his life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Still Pond R D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Dorsey
3. (b) Social Security Number

4. Sex: male
5. Color or race: C
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: ada Dorsey
6(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): apr 5 1876
8. AGE: Years 69 Months 1 Days 26 If less than one day ... hrs. ... min.
9. Birthplace: Kent Co (Town, county, and state)
10. Usual occupation: retired
11. Industry or business: Farm Work
FATHER 12. Name: William Dorsey
13. Birthplace: maryland
MOTHER 14. Maiden name: Eliza Dorsey
15. Birthplace: maryland
16. Informant: Mary Wright
Address: Still Pond md
17. Burial Date thereof June 5 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Mt Zion
Location: Still Pond md
18. Funeral director: B K Fellows
Address: Still Pond md
19 June 5 1945 J M Clark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 1 1945, at Dont Know m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ; and that I last saw h alive on 19 .
Did not attend him signed Death Certificate as Deputy Med Exam

Immediate cause of death: Coronary Occlusion — DURATION
Due to: Arteriosclerosis
Other conditions: Malnutrition
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: Frank Hines M D Deputy Med Examiner Kent Co — M. D. or other
Address: Chestertown Md Date signed June 2/45

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

06149

Reg. Dist. No. 202

1. PLACE OF DEATH: County Kent (Almshouse)
City or town (Near) Chestertown, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6
Hospital, institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ... County ...
City or town ...
(If outside city or town limits, write RURAL and give nearest town)
Street No. ...
(If rural, give LOCATION)
2.(a) If veteran, name war ...

3.(a) FULL NAME Abe Gattis

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	

6.(b) Name of husband or wife ...
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) —

8. AGE:

Years	Months	Days	If less than one day
72			... hrs. ... min.

9. Birthplace Kent County (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant ...
Address ...

17. Buried (Burial, cremation, or removal. Which?) Date thereof June 13 1945 (month) (day) (year)
Cemetery or crematory ...
Location ...

18. Funeral director Alms House Graveyard.
Address J. B. Sutton. Chestertown, Md.

19. June 13 1945 (Date rec'd by registrar) Chas. L. Barnes, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1941, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1941 to June 12 1941 and that I last saw him alive on June 10 1941

	DURATION
Immediate cause of death Mitral Stenosis	5 days
Due to Chr. Interstitial Nephritis	Several years
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ...
Date of op. ...
Autopsy results ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE Emmett Price, M. D. or other
Address Millington, Md. Date signed June 13/41

(M)

(1)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(1)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

06150

Reg. Dist. No. 202

1. PLACE OF DEATH:
County Kent
City or town Chestertown Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Cross St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 33 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Cross St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Robert Edmond Lee Hopkins

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of husband or wife Ethel M Hopkins
6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Oct. 3. 1863.

8. AGE:

Years	Months	Days	If less than one day
81	8	14	hrs. min.

9. Birthplace Annapolis Md (Town, county, and state)
10. Usual occupation Sheet-metal worker
11. Industry or business

FATHER
12. Name Henry Hopkins
13. Birthplace Annapolis Md.

MOTHER
14. Maiden name Harriett Mc new
15. Birthplace Annapolis Md

16. Informant Ethel M Hopkins
Address Cross St Chestertown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 20 1945 (month) (day) (year)
Cemetery or crematory Chester
Location Chestertown Md

18. Funeral director B R Fellows
Address Still Pond, Md.

19. June 19 1945 (Date rec'd by registrar) Clara L. Barnes. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1945 at 12 Noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1945 to June 17 1945 and that I last saw him alive on June 17 1945

Immediate cause of death	DURATION
Coronary artery disease	2 days
Due to Arteriosclerosis	2
Due to Age	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. G. Simpers M. D. or other
Address Chestertown Date signed 6-18-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

CERTIFICATE OF DEATH

06151

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Chestertown md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Crews Convelesence Home
Stay in hospital or inst. (yrs., or mos., or days) Recently 3 months
Stay in this community (yrs., or mos., or days) 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Chesterlown md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ~~Washington Ave~~
(If rural give LOCATION)
2(a) ~~IF VETERAN, NAME WAR~~ Kennedyville Md

3. (a) FULL NAME Ella Blanche McHenry

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Widowed

6 (b) Name of husband or wife Allen T McHenry
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 25 - 1867

8. AGE:

Years	Months	Days	If less than one day
78	5	20	____ hrs. ____ min.

9. Birthplace Columbia Co Pennsylvania
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business home
FATHER 12. Name Calvin Kerr
13. Birthplac Columbia Co Pennsylvania
MOTHER 14. Maiden name Harriett Edgar
15. Birthplace Columbia Co Pennsylvania
16. Informant Joseph Alban McHenry
Address Kennedyville md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 8 1945 (month) (day) (year)
Cemetery or crematory Waller Pa
Location near Benton Pa.
18. Funeral director B&R Fellows
Address Still Pond Md
19. June 7 1945 (Date rec'd by registrar) Clara L. Barnes, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1945, at 8:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1938, to June 4 1945
and that I last saw h[illegible] alive on June 4 1945.

Immediate cause of death	DURATION
Osteo Arthritis	10 yrs
Due to	
Cardio-Vascular disease	1942
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Frank N. Smith, M. D. or other
Address Chestertown Date signed June 5/1945

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06152

Reg. Dist. No. 2 03

1. PLACE OF DEATH:
County Kent
City or town Rock Hall - Piney Neck
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Rock Hall R.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Piney Neck
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Henry Nehus Sr.

3. (b) Social Security Number —

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife (late) Hazel Beck Nehus
6. (c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) September 14, 1865

8. AGE: Years 79 Months 9 Days 0 If less than one day ... hrs. ... min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Mr. Henry Nehus Jr.
Address 7822 Eastern Ave Balto. Md.

17. Burial Date thereof June 18, 1945
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Holy Redeemer
Location Baltimore, Maryland

18. Funeral director Marvin V. Williams
Address Chestertown, Maryland

19. June 16, 1945 S. Elwood Burgess
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1945, at about 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ...; and last saw h... alive ...
Did not attend. Investigated death, signed certificate as Deputy Med. Ex. Kent Co.

Immediate cause of death My [illegible] — DURATION
Due to
Due to [illegible]
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations Not
Date of op.
Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. Signature Frank Hines M.D. Deputy Med. Examiner Kent Co. M.D. or other
Address Chestertown Md. Date signed June 15/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bd)

CERTIFICATE OF DEATH

06153

Reg. Diat. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? lifetime
Hospital, institution, or street address where death occurred:
College Ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: College Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war: World War I

3.(a) FULL NAME: Bryan Newton

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Josephine Walters Newton
6.(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): July 19, 1894

8. AGE: Years: 50 | Months: 10 | Days: 22 | If less than one day: ...hrs. ...min.

9. Birthplace: Kent Co. Maryland (Town, county, and state)

10. Usual occupation: Chief Maintenance Man

11. Industry or business: Washington College

FATHER
12. Name: Josiah Edward Newton
13. Birthplace: Kent CO. Maryland

MOTHER
14. Maiden name: Catherine S. Wood
15. Birthplace: Kent Co. Maryland

16. Informant: Mrs. Josephine Newton (Wife)
Address: College Ave.-Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 14 1945 (month) (day) (year)
Cemetery or crematory: Chester Cem.
Location: Chestertown, Maryland

18. Funeral director: J. Willis Wells
Address: Chestertown, Md.

19. June 12 1945 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 11.1945 19... at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug.1943 to June 11.1945 and that I last saw h... alive on June 11.1945

Immediate cause of death	DURATION
Coronary Thrombosis	
Myocarditis	
Due to: Aterio Sclerosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

David Graves M.D.
Chestertown Md
23. SIGNATURE M. D. or other
Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95)

CERTIFICATE OF DEATH

T 06154

Reg. Diat. No. 2021

1. PLACE OF DEATH: Out

County ..... Chestertown

City or town ..... (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Days

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)

State Md. County Queen Anne

City or town Chestertown R.D. (If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

2.(a) If veteran, name war ..... ✓

3.(a) FULL NAME Howard Benton Pyle

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Elizabeth Pyle

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 24. 1872

8. AGE: Years 72 | Months 6 | Days 8 | If less than one day ..... hrs. ..... min.

9. Birthplace Wyoming, Del. (Town, county, and State)

10. Usual occupation Retired

11. Industry or business Retired Contractor

FATHER 12. Name Edward Pyle

13. Birthplace West Grove, Pa.

MOTHER 14. Maiden name Martha Appleby

15. Birthplace Wyoming, Del.

16. Informant Mrs. Eliz. Pyle

Address Chestertown R.D. #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 5th 1945 (month) (day) (year)

Cemetery or crematory Arlington Cem.

Location Drexel Hill, Delaware Co., Penna.

18. Funeral director J. Willis Wells

Address Chestertown, Md.

19. June 4 1945 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1945 at 1807 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1945 to June 1 1945 and that I last saw him alive on June 1 1945

	DURATION
Immediate cause of death: Coronary Thrombosis	Minutes
Due to: Hypertension	Several yrs
Due to: Arteriosclerosis	yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op. .....

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE Dodd Hurst M.D.

M. D. or other

Address Chestertown Md. Date signed June 5 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

T 06155

Reg. Diat. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Near Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Emma May Scott

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6.(b) Name of husband or wife: Herman Scott
6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Apr. 19 1895

8. AGE: Years	Months	Days	If less than one day
50	1	15	...hrs. ...min.

9. Birthplace: Golden Md
(Town, county, and state)
10. Usual occupation: housewife
11. Industry or business: home
FATHER 12. Name: John Clark
13. Birthplace: Delaware
MOTHER 14. Maiden name: Ida May Edwards
15. Birthplace: Delaware
16. Informant: Mr. Herman Scott
Address: Chestertown, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/6/45 (month) (day) (year)
Cemetery or crematory: Greenlawn
Location: Greenlawn.
18. Funeral director: Manie O. Wellbains
Address: Chestertown, Maryland
19. June 6, 1945 (Date rec'd by registrar) Clara L. Barnes, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 3 1945 at 8:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw her alive on June 2 1945
Immediate cause of death

	DURATION
Due to: Organic heart trouble	5 years
Due to: —	
Other conditions: enlarged livers	

(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: H P C Sheland M.D. M. D. or other
Address: Chester Town Md. Date signed 6-5-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

C6156

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, institution, or street address where death occurred: Kent and Queen Annes Hospital
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Golts
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Rosemary Anna Stevens

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 3, 1943

8. AGE: Years	Months	Days	If less than one day
2	2	24	..... hrs. ..... min.

9. Birthplace: Wilmington, Delaware (Town, county, and state)
10. Usual occupation: Infant
11. Industry or business

FATHER
12. Name: Frederick Liston Stevens
13. Birthplace: Golts, Kent Co., Maryland

MOTHER
14. Maiden name: Lillian Beecher
15. Birthplace: Baltimore, Maryland

16. Informant: Hosp. records
Address: Chestertown, Md

17. Burial, ~~cremation, or removal~~: Burial Date thereof: 6-29-45 (month) (day) (year)
Cemetery ~~or crematory~~: Townsend M.E. Cemetery
Location: Townsend Del
18. Funeral director: H. Foster Daniels
Address: Townsend Del.

19. June 28 1945 (Date rec'd by registrar) Clara L. Barnes, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27 1945 at 10 55 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 25 1945, to June 27 1945
and that I last saw her alive on June 27 1945

Immediate cause of death	DURATION
2+3d degree burns of body and legs	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 6-25-45
Where did injury occur? Golts (City or town) Kent (County) Maryland (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: Clothes caught fire following ignition of gasoline burner Injured at work? No

23. SIGNATURE: A. C. Dick, M.D.
M. D. or other
Address: Chestertown, Md Date signed: 6-27-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

06157

Reg. Dist. No. 203.

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME: Clara Mansfield Tracy

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem	White	married

6.(b) Name of husband or wife: James Tracy

6.(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.): Oct 11 1874

8. AGE: Years	Months	Days	If less than one day
70	8	16	... hrs. ... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: own home

FATHER — 12. Name: Richard F Morgan

FATHER — 13. Birthplace: not known

MOTHER — 14. Maiden name: Mary Catherine Hubbard

MOTHER — 15. Birthplace: Baltimore

18. Informant: James Tracy

Address: Rock Hall, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30 1945 (month) (day) (year)

Cemetery or ~~crematory~~: Wesley Chapel

Location: Rock Hall Md.

18. Funeral director: Edgar L Lane

Address: Church Hill Md

19. 6/29/1945 (Date rec'd by registrar) S. Elwood Burgun Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27 1945, at 10.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1944 to June 27 1945 and that I last saw h.er alive on 6-26 1945

Immediate cause of death	DURATION
Chron. Endo-Myocarditis	
decompensation	
Due to Hypertension	
Due to	
Other conditions Ca of breast (operation)	

(Include pregnancy within 3 months of death)

Major findings of operations: Cancer of left Breast — Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

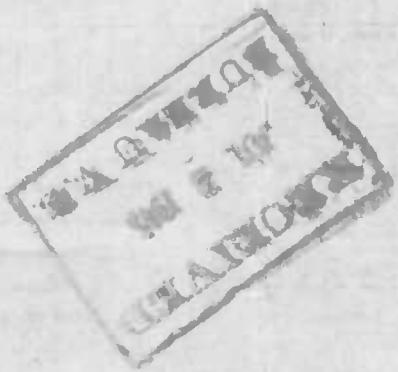
23. SIGNATURE: Albert A Burgard M. D. or other

Address: Rock Hall, Md. Date signed 6/28/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

66158

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Butlertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 yrs.
Hospital, institution, or street address where death occurred: Butlertown - Near Worton R.D. #1
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Butlertown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Worton R.D. #1
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Bertha Butler Walker

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Married

6.(b) Name of husband or wife: Odie Walker
6.(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): April 12 1902

8. AGE:

Years	Months	Days	If less than one day
43	1	25	hrs. min.

9. Birthplace: Haymon Mann - Chesapeake City - Maryland (Town, county, and state)
10. Usual occupation: housewife - Labor
11. Industry or business: home

FATHER
12. Name: Thomas Butler
13. Birthplace: Chesterlown, Maryland

MOTHER
14. Maiden name: Sarah Wright
15. Birthplace: Chesapeake City, Maryland

16. Informant: Mrs. Odie Walker
Address: Worton R.D. #1 Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/10/45 (month) (day) (year)
Cemetery or crematory: Haymon Mann
Location: Near Chesapeake City Md
18. Funeral director: Marvin V. Williams
Address: Chesterlown, Maryland

19. June 9, 1945 (Date rec'd by registrar) Clara L. Barnes, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1945 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1945 to June 8 1945 and that I last saw her alive on 6-6 1945

Immediate cause of death	DURATION
Cerebral hemorrhage	
Paralysis of right side	
Due to: Hypertension	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.: —
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to exteroal causes, fill in the followiog:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: Albert A Bergard M. D. or other
Address: Rock Hall, Md Date signed: 6/8/45

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57-2)

CERTIFICATE OF DEATH

06159

Reg. Diat. No. 2021

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? lifetime
Hospital, institution, or street address where death occurred:
211 Lynchburg St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Howard Wickes Jr.

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	colored	single

6.(b) Name of husband or wife: none
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 27, 1944

8. AGE: Years	Months	Days	If less than one day
0	6	6	..... hrs. ..... min.

9. Birthplace: Chestertown, Maryland (Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name: Howard Wickes, Sr.
13. Birthplace: Kent CO. Md.

MOTHER
14. Maiden name: Viola Wilson (unmarried)
15. Birthplace: Chestertown, Md.

16. Informant: Viola Wilson (Mother)
Address: Lynchburg St. Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 5 1945 (month) (day) (year)
Cemetery or crematory: Quaker Neck (Col.) Cem.
Location: Chestertown, Md.

18. Funeral director: J. Willis Wells
Address: Chestertown, Md.

19. June 4, 1945 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 3 1945 at 12:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31 1945 to June 2 1945 and that I last saw h..... alive on June 2 1945

Immediate cause of death	DURATION
Bronchopneumonia	2
Due to	
Due to	
Other conditions Congenital heart dis	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Dr Wm. Richmond M. D. or other
Address: Chestertown Md. Date signed 6/4/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

06160

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9

CERTIFICATE OF DEATH

Reg. Diat. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, institution, or street address where death occurred:
II5 College Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: II5 College Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Ronald Wilmer

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	single

6.(b) Name of husband or wife: none
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. II, I944

8. AGE: Years	Months	Days	If less than one day
I	5	I8	..... hrs. ..... min.

9. Birthplace: Chestertown, Md.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: James Wilmer
13. Birthplace: Kent CO. Maryland

MOTHER
14. Maiden name: Anna Johnson
15. Birthplace: Kent Co. Md.

16. Informant: Bertha Johnson (grandmother)
Address: College Ave. Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July I I945 (month) (day) (year)
Cemetery or crematory: Still Pond (Col.) Cemetery
Location: Still Pond Md.

18. Funeral director: J. Willis Wells
Address: Chestertown, Md.

19. June 29 1945 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29 19 45 at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 19 45 to June 29 19 45 and that I last saw him alive on June 27 19 45

Immediate cause of death	DURATION
Pertusis	2 wks
Due to: delayed attention	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Dr. Wm. Richmond M. D. or other
Address: Chestertown, Md. Date signed: June 29 '45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING